

Name  
in  
Full

Delia A Allen

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Friendsville <sup>County</sup> GarrettDate of death 1907 <sup>Month</sup> Apr <sup>Day</sup> 19 <sup>Age</sup> 28 <sup>Years</sup> <sup>Months</sup> 8 <sup>Days</sup> 12Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> MarylandOccupation House wife <sup>Where Residing if not at place of death</sup>Married, Single or Widowed married <sup>Name of Wife or Husband</sup> Arthur W. AllenFather's Name Jeremiah Savage <sup>Father's Birthplace</sup> MdMother's Maiden Name Mary Whetstone <sup>Mother's Birthplace</sup> PaName of person giving information Cora B Allen <sup>How related to deceased</sup> mother-in-law

## CAUSES OF DEATH

47

Primary Rheumatism of Heart <sup>How long</sup> 10 daysImmediate Congestion <sup>How long</sup>

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

A. J. Mason  
Friendsville  
Md

Accident or Suicide?

Friendsville

Name  
in  
Full

Ray R Allen

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Apr	18				6
Sex		Color or Race		Birth-place			
Male		White		Maryland			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Single							
Father's Name				Father's Birthplace			
Arthur W Allen				Pa			
Mother's Maiden Name				Mother's Birthplace			
Delia A Savage				Md			
Name of person giving information				How related to deceased			
Cora B Allen				gran Ma			

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	Premature	How long	4 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		A. Mason	
		Address	
		Frederickville Md	
Accident or Suicide?			

Friendsville

Name  
in  
Full

## CERTIFICATE OF DEATH

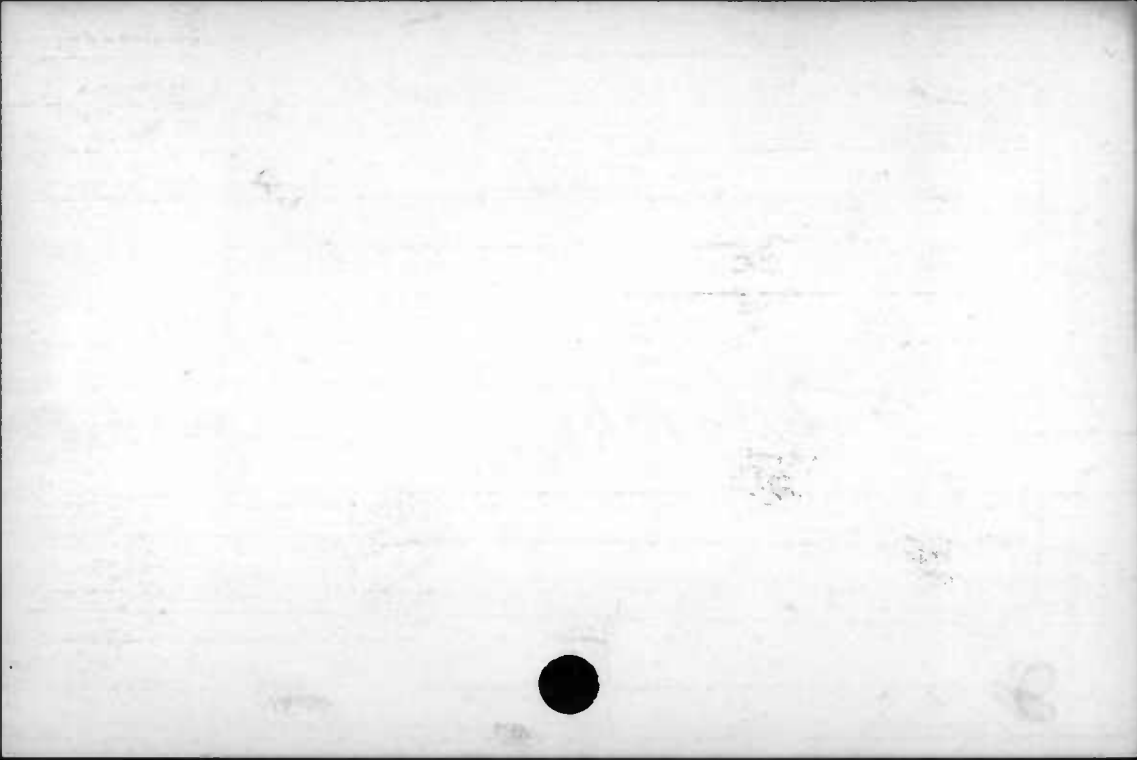
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Coreland</i>		Town	County <i>Yunis</i>		MARYLAND		
Date of death	<i>1907</i>	Month <i>Apr.</i>	Day <i>18</i>	Age <i>4</i>	Years	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place				
Occupation <i>Teacher</i>	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Father's Birthplace						
Mother's Maiden Name	Mother's Birthplace						
Name of person giving information	How related to deceased						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Lazaretti</i>	How long <i>3 weeks</i>
Immediate <i>Meningitis</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>M. C. Huettenberg</i>
	Address <i>Coreland</i>
Accident or Suicide	



Name  
in  
Full

Infant

Union.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Blooming Rose* TownCounty *Garrett*

MARYLAND

Date  
of death *1907*Month *Apr*Day *4*

Age

Years

Months

Days

*2 Hours*Sex *Female*Color or  
Race *White*Birth-  
place *Maryland*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name *John Dixon*Father's  
Birthplace *md*Mother's  
Maiden Name *Edie P Riley*Mother's  
Birthplace *Md*Name of person giving  
Information *Alice Riley*How related  
to deceased *grand. Ma*

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONERPrimary *No Physician in attendance*

How long

Immediate *consequently no report.*

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

*Wm. H. Friend**Farmersville Md**Local Board of health*

Accident or Suicide?

Blooming Rose



Name  
in  
Full

Isaac Allen Enlow

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Sang Run

Town

Garrett

County

Date

of death 1907

Month

Apr

Day

7

Age

Years

81

Months

6

Days

24

Sex

male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Farmer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
information

Wm Bowman

How related  
to deceased

Nephew

## CAUSES OF DEATH

Primary

Cystitis

How long

3 mo

Immediate

Old Age

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

A. J. Mason and  
Frederickville  
Md.

Accident or Suicide?

Sang Run

Name  
in  
Full

Jesse King

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

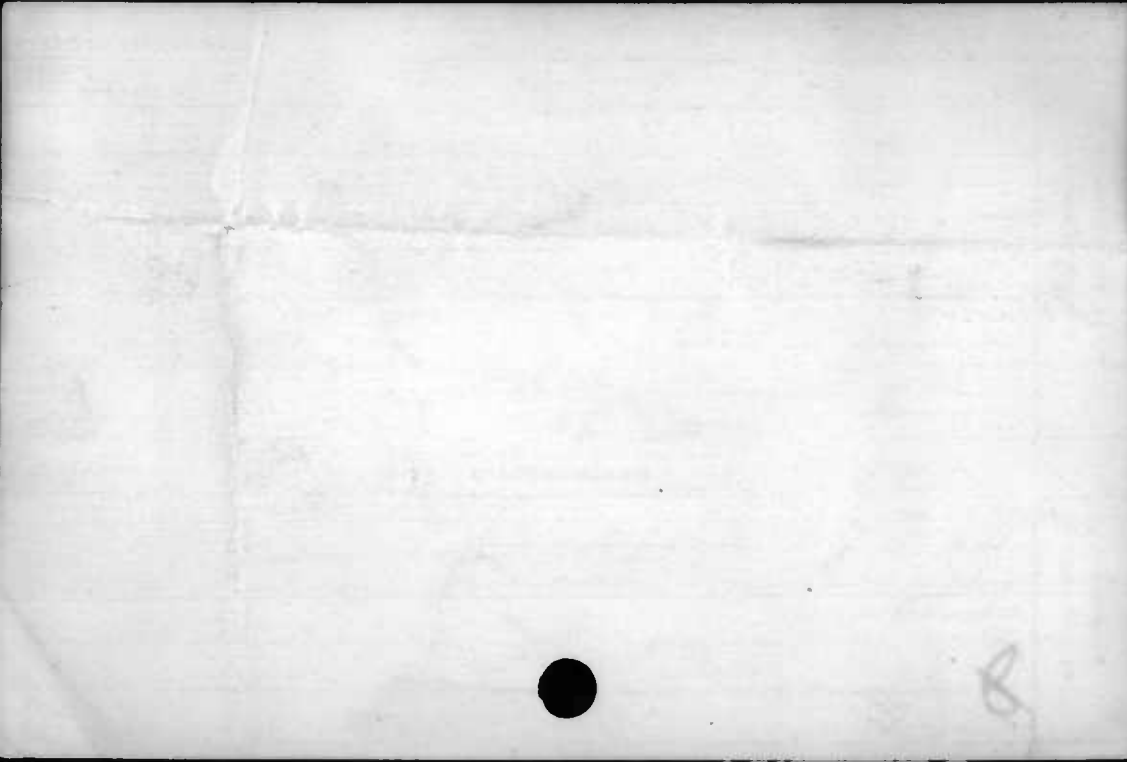
Died at <i>near Kearney</i>		Town <i>Kearney</i>		County <i>Garrett</i>		State <i>MARYLAND</i>	
Date of death	<i>1907</i>	Month <i>April</i>	Day <i>6<sup>th</sup></i>	Age <i>89</i>	Years	Months <i>1</i>	Days <i>28</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>In Allegheny (near Garrett)</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Lived at home of son J. King</i>						
Married, <del>Single</del> or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Lucinda King, (Deceased)</i>						
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>C. E. Hillenry</i>				How related to deceased <i>Not Related</i>			

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <i>Kidney Disease</i>	How long <i>not long.</i>
Immediate <i>Old age - breaking down</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. M. Jones</i>
<i>J</i>	Address <i>Garwood</i>
Accident or Suicide? <i>neither.</i>	<i>Ind</i>



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

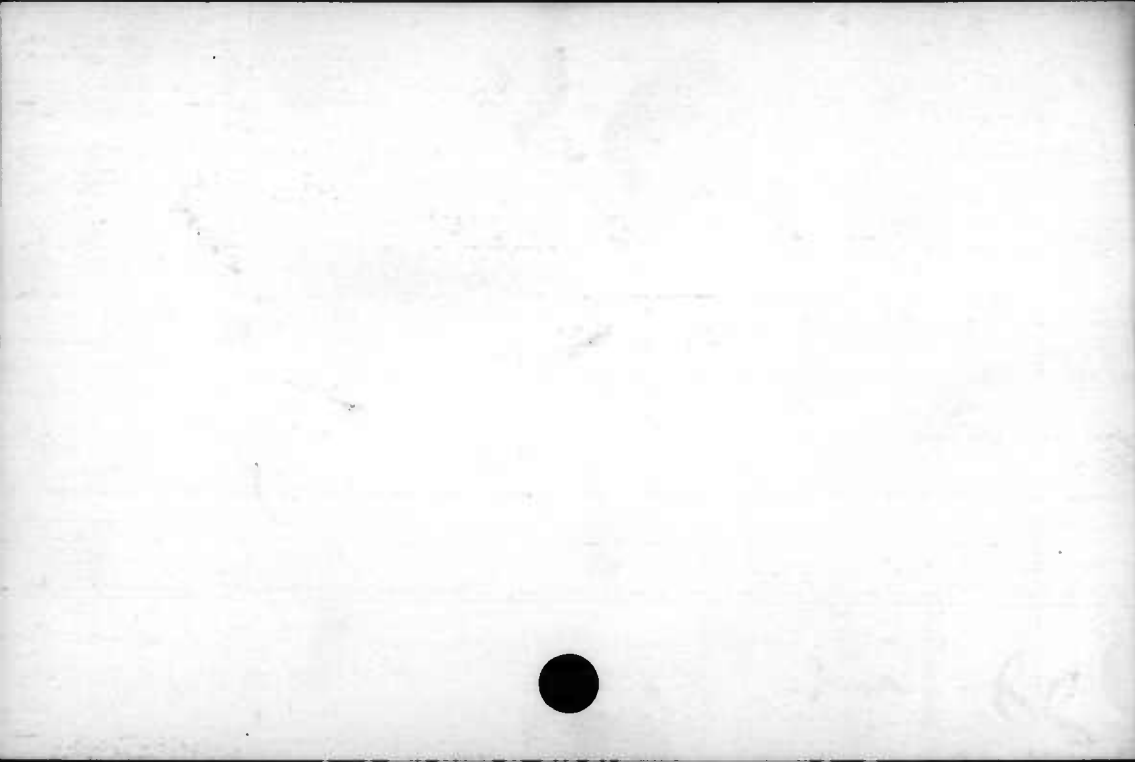
Name in Full <i>James Washington Lee</i>		Town <i>Accident</i>		County <i>Gorham</i>		STATE <i>MARYLAND</i>	
Died at <i>near Accident</i>		Month <i>April</i>		Day <i>10</i>		Age <i>82</i>	
Date of death <i>1907</i>		Months <i>3</i>		Days <i>10</i>			
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Anna Pugh Lee</i>					
Father's Name <i>William Lee</i>		Father's Birthplace <i>U. States</i>					
Mother's Maiden Name <i>Maggie Tacker</i>		Mother's Birthplace <i>U. States</i>					
Name of person giving information <i>Era Lee</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>Senile Debility</i>	How long	<i>2 years</i>
Immediate	<i>Drops of nitro</i>	How long	<i>2 mo.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H.R. Bayler</i>	
Address <i>Accident Md</i>			
Accident or Suicide?			



Name  
in  
Full

Eva Martin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Bummyside Town Garrett County

Date of death | 90 7 Month Apr Day 2 Age 86 Years Months 5 Days 15

Sex Female Color or Race White Birth-place Germany

Occupation Gardner Where Residing if not at place of death

Married, Single  
or WidowedName of Wife or  
HusbandFather's Name Peter MartinFather's Birthplace GermanyMother's Maiden Name Margareta WillMother's Birthplace GermanyName of person giving  
In formation Peter MartinHow related  
to deceased Nephew

## CAUSES OF DEATH

154

How long

Primary Senility

Immediate Heart Failure

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

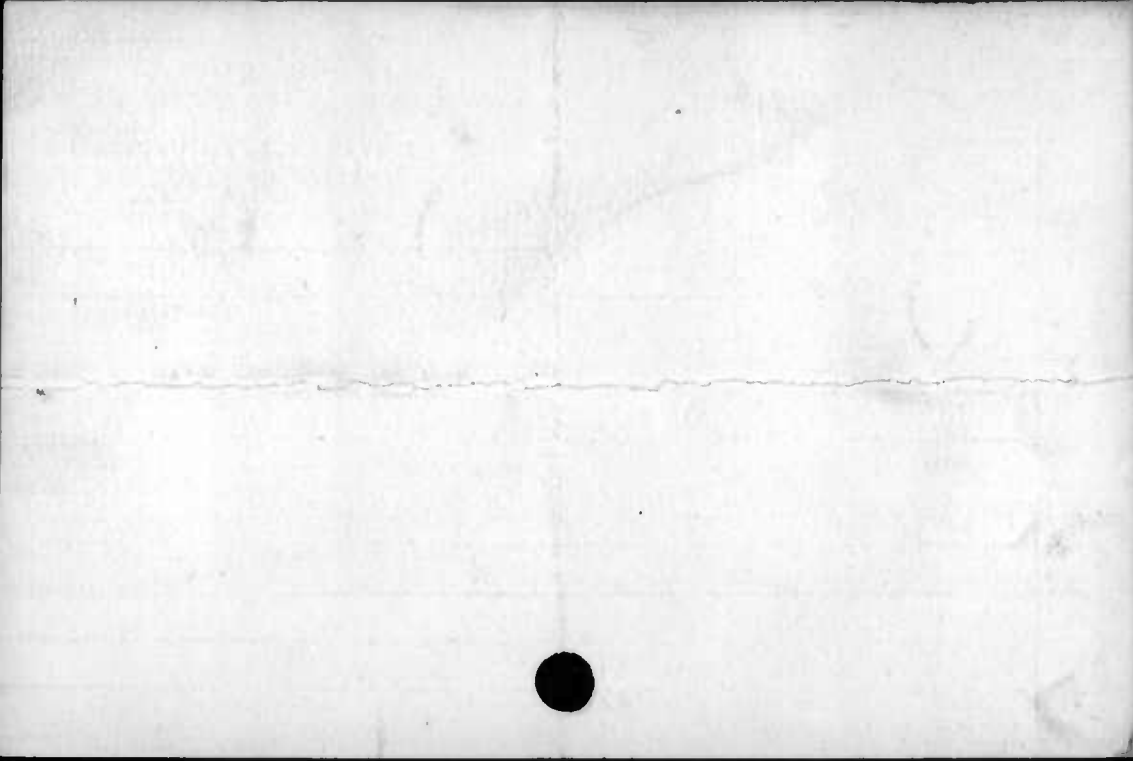
Signature of  
PhysicianArnold A Scher

Address

Eglaun  
N. Va.

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

Edward Kenworthy Prentiss

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Oakland</u> Town		<u>Garrett</u> County		MARYLAND	
Date of death	1907	Month	April	Day	6
Age	5	Years		Months	3
Sex	Male	Color or Race	White	Birth place	Toledo O
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Pearce Prentiss			Father's Birthplace	Englestown Ind
Mother's Maiden Name	Mary Chadwick Kenworthy			Mother's Birthplace	Chester Pa
Name of person giving information	Pearce Prentiss			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Pneumonia (93)</u>		How long	<u>10 days</u>
Immediate	<u>"</u>		How long	<u>"</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>H. W. M. C. M.</u>	
<u>yes</u>		Address	<u>Oakland</u>	
Accident or Suicide?		<u>Ind.</u>		

Mr  
Browning  
Mrs. Myers

What physician  
attended this  
patient?

Mrs Thayer  
" Nelson

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mr. Lucinda McEarmen

near  
Died at

Town

Accident

County

Garrett

MARYLAND

Date

of death

1907

Month

April

Day

18

Age

Years

57

Months

4

Days

10

Sex

Female

Color or  
Race

white

Birth-  
place

md Frontville

Occupation

Domestic

Where Residing if not  
at place of death

Married, Single  
or Widowed

married

Name of Wife or  
Husband

Joseph McEarmen

Father's  
Name

Henry Dursch

Father's  
Birthplace

md.

Mother's  
Maiden Name

Katherine Feik

Mother's  
Birthplace

Germany

Name of person giving  
Information

Joseph McEarmen

How related  
to deceased

Husband

CAUSES OF DEATH

Primary

Apoplexy

64

How long

8 days

Immediate

Apoplexy

How long

8 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

H. R. Bayer, M.D.

Address

accident

md

PHYSICIAN  
OR CORONER

Accident or Suicide?

